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APPLICANTS

Feng Wu Wen, Beijing, CHINA;

** CONTINUING DATA YES *****

This application is a CIP of 10/161,936 06/04/2002 ABN

** FOREIGN APPLICATIONS None *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>Hester</u> Initials <u>WJ</u>	CHINA	1	35	3

ADDRESS

MATTHEW A. NEWBOLES
 STETINA BRUNDA GARRED & BRUCKER,
 Suite 250
 75 Enterprise
 Aliso Viejo, CA
 92656

TITLE

Antihistamine composition

FILING FEE RECEIVED 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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